

Building Futures Sponsorships

UPDATED 2019

A Student Membership Program

AHDI took a bold step by investing heavily in the future healthcare documentation workforce. AHDI has waived Student membership dues to give students open access to the association. Joining a professional association such as AHDI can catapult a student's career for a lifetime of success in healthcare documentation.

Your company has the opportunity to join AHDI as a sponsor of our "Building Futures" program. Through your financial support, your company will be positioned as an advocate for development with a passion for students pursuing a career in healthcare documentation. Your company's philanthropic support will be publicly recognized via AHDI's communication channels that reach thousands of students, healthcare documentation specialists, healthcare organizations, and business owners.

Choose your sponsorship level and join AHDI in shaping a successful future for healthcare documentation students.



www.ahdionline.org/BuildingFutures

Building Futures Sponsorship Contract



Building Futures Sponsorships are on an annual basis and provide 12 months of sponsor recognition. Upon your sponsorship anniversary, AHDI will contact you about renewing your pledge of support.

Company Name:

Date:

BUILDING FUTURES SPONSORSHIP

- Supporter Sponsor \$500
- Ambassador Sponsor \$2,500
- Champion Sponsor \$5,000
- Contributor \$_____

Contributions of any amount are welcomed. Contributors will be recognized one a year in an AHDI publication or email. The benefits outlined for each sponsorship level are available to sponsors reaching or exceeding a tier. For example, a company making a \$1,000 donation will receive the "Supporter" benefits.

Depending on the sponsorship item, AHDI will advise if a separate form is required to submit your information.

Company logos and website links should be submitted by email to ahdi@ahdionline.org. Your company grants AHDI non-exclusive, non-assignable, limited license to use your company's logo for the sole purpose of carrying out the promotional efforts set forth in this agreement.

Return form to: Fax: 209-527-9633
Email: ahdi@ahdionline.org
Mail: AHDI
4120 Dale Rd., Suite J8-233
Modesto, CA 95356

We welcome your call. You may reach us at 209-527-9620.

CONTACT INFORMATION:

Company Name:
Contact:
Street Address:
City, State, Zip:
Phone/Fax:
Email:

PAYMENT INFORMATION:

- Enclosed is my check or money order, payable to AHDI (US dollars) or:
 Visa Mastercard American Express Discover
- Credit Card #: Exp:
- Cardholder Name:
- Authorized Signature:
- Invoice my company. I understand payment is due upon receipt of invoice.
- Other

AGREEMENT

I hereby acknowledge that I am authorized on behalf of the Company to enter into this Agreement. I have read, understand, and agree to the terms, conditions, and procedures on all pages of this agreement, which are expressly acknowledged as being received. This agreement is non-cancelable.

Signature:
Print Name and Title:
Date: